



## Food Establishment Application

**Check One:**  New Facility  Remodel of Existing Facility  Change of Ownership Establishment

Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_  
City Zip

**Ownership Type:**  Individual  Corporation  Owner Operator  Legal Owner  Partnership

Owner Name: \_\_\_\_\_ Owner Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Owner Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City Zip

Contact Person: \_\_\_\_\_ Owner Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Contact Email: \_\_\_\_\_

Certified Food Safety Manager: \_\_\_\_\_ Certification Date: \_\_\_\_\_

**FOR NEW CONSTRUCTION AND REMODELS** - Construction and pre-opening inspections require **48 hours' notice**.

Architect/Designer: \_\_\_\_\_

Estimated Date for Construction | Remodel Completion: \_\_\_\_\_

**REQUIRED INFORMATION** - Plans **will not be reviewed** until all items are submitted.

- |   |   |
|---|---|
| <input type="checkbox"/> Proposed Menu (listing all foods served) | <input type="checkbox"/> Equipment Layout & Schedules                     |
| <input type="checkbox"/> Completed Operational Assessments        | <input type="checkbox"/> Mechanical Schedule                              |
| <input type="checkbox"/> Site Plan (including dumpster area)      | <input type="checkbox"/> Finish Schedule (floors, walls, ceiling, coving) |
| <input type="checkbox"/> Dimensional Floor Plan (scaled drawing)  | <input type="checkbox"/> Plumbing Schedule                                |

**Fees are based on risk level**, and a risk assessment will be completed during the plan review. The plan review fee includes up to two construction inspections or consultations and one pre-opening inspection; however, each additional follow-up inspection may incur a fee. For detailed fee information, please visit [swuhealth.gov/fees](http://swuhealth.gov/fees).

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HEALTH DEPARTMENT USE ONLY**

**Date Received:** \_\_\_\_\_

**Approval Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Plan Review Fees Received:** \$ \_\_\_\_\_ **Initials:** \_\_\_\_\_

**Annual Permit Fees Received:** \$ \_\_\_\_\_ **Initials:** \_\_\_\_\_